

EXEMPT

22ND JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. TAMMANY

STATE OF LOUISIANA

NO: 2015-13031

DIVISION: C

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,
OFFICE OF COMMUNITY DEVELOPMENT,
DISASTER RECOVERY UNIT -
HAZARD MITIGATION GRANT PROGRAM

FILED

JUL 23 2015

VS.

DENISE MARIE HALL AND EDWARD E. HALL
MALISE PRIETO - CLERK
Deputy S/Abbie Jordan

PETITION FOR DECLARATORY JUDGMENT AND FOR
JUDGMENT TO RECOVER HAZARD MITIGATION
GRANT PROGRAM FUNDS

NOW INTO COURT, through undersigned counsel, comes Petitioner, the State of Louisiana, Office of Community Development, Disaster Recovery Unit - Hazard Mitigation Grant Program (hereinafter "HMGP"), which respectfully files this Petition for Declaratory Judgment and for Judgment to Recover Hazard Mitigation Grant Program Funds. In support, HMGP respectfully represents:

1.

The Defendants in this case are Denise Marie Hall and Edward E. Hall, both majors domiciled in St. Tammany Parish, who voluntarily participated in HMGP to mitigate their home after Hurricane Katrina.

2.

HMGP is a mitigation program funded by FEMA and is administered by the State of Louisiana, the grantee. HMGP assists homeowners whose homes were damaged as a result of Hurricanes Katrina and Rita. It also helps homeowners in coastal Louisiana protect their homes from damage, which may occur in future natural disasters, by elevating their homes, reconstructing safer structures, or installing individual mitigation measures. The State of Louisiana serves as the funding vehicle by which FEMA funds are awarded eligible homeowners.

3.

Defendants executed a Voluntary Participation Agreement (hereinafter "VPA") on January 18, 2010 to participate in HMGP and to receive HMGP grant funds. Defendants also

agreed to comply with all HMGP guidelines, which include using HMGP funds for their intended purpose. *Exhibit A*.

4.

FEMA grant funds in the amount of \$44,121.25 (hereinafter "FEMA Grant Funds") were paid to Defendants by HMGP on or about July 29, 2010 for the specific purpose of Reconstruction of their home located at 1413 Daney Street, Slidell, LA 70458. *Exhibit B*.

5.

Photographs dated February 2, 2015 show that although the FEMA Grant Funds were received, Defendants' home was not reconstructed. *Exhibit C (in globo)*.

6.

Four (4) separate collection letters were mailed to Defendants at 1721 Sullivan Drive, Slidell, LA 70460. The first letter dated April 2, 2013 was sent by Certified Mail 7012 3050 0001 2090 6275 and informed Defendants that the FEMA Grant Funds had to be returned to the State of Louisiana. The return receipt was signed by Defendant on April 8, 2013. *Exhibit D (in globo)*.

7.

The second letter dated June 5, 2013 was sent by Certified Mail 7012 3050 0001 2085 1445. Said letter was returned to the State marked "Unclaimed." *Exhibit E (in globo)*.

8.

The third letter dated March 21, 2014 was mailed to Defendants. *Exhibit F (in globo)*.

9.

The fourth letter dated April 13, 2015 was sent by certified mail 7014 0510 0001 1417 1324. The return receipt was signed by Defendant on April 14, 2015. *Exhibit G (in globo)*.

10.

Defendants have failed to respond to the letters and have failed to return the funds to the State.

11.

Defendants' failure to return the FEMA Grant Funds has resulted in Defendants owing to HMGP the unearned federal funds, which must be recovered by HMGP, the State program charged with distributing FEMA funds for mitigation projects.

12.

HMGP must account to FEMA for all funds issued to homeowners. Failure of HMGP to recover the FEMA Grant Funds from Defendants will result in reimbursement to FEMA being required by the State of Louisiana.

13.


HMGP requests that the debt of \$44,7121.25 owed by Denise Marie Hall and Edward E. Hall to HMGP be recognized and that judgment in favor of HMGP be granted, directing Defendants to return and pay the FEMA Grant Funds to the State, in full.

ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:

- a. That this Honorable Court declare that Defendants, Denise Marie Hall and Edward E. Hall, are non-compliant with the Voluntary Participation Agreement signed by them;
- b. That this Honorable Court declare that Defendants, Denise Marie Hall and Edward E. Hall, are indebted to HMGP in the amount of \$44,121.25 because of their failure to reconstruct their home according to their agreement to abide by HMGP guidelines, including using HMGP funds for their intended purpose;
- c. That Defendants, Denise Marie Hall and Edward E. Hall, be ordered to return the \$44,121.25 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendants, Denise Marie Hall and Edward E. Hall, in the full sum \$44,121.25;
- e. That Defendants, Denise Marie Hall and Edward E. Hall, be assessed all costs and fees associated with this matter; and
- f. That the Court grant such other relief as is just and proper.

Respectfully submitted:

FOR HMGP:



LaKoshia R. Roberts
Bar Roll No. 26715
State of Louisiana, through
its Division of Administration
2021 Lakeshore Drive, Suite 100
New Orleans, Louisiana 70122
Telephone: (504) 284-4022
Facsimile: (504) 284-4091
LaKoshia.Roberts@la.gov

T. Randolph Richardson (Special Counsel)
Bar Roll No. 11245
Law Office of T. Randolph Richardson
1010 Common Street, Suite 3000
New Orleans, LA 70112
Phone: 504-212-4163
Fax: 504-581-7083
Email: trichar994@aol.com

PUBLIC ENTITY/FEE EXEMPT
(La.R.S. 13:4521 and 13:5112)

EXEMPT

22ND JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. TAMMANY

STATE OF LOUISIANA

NO: 2015-13031

DIVISION: C

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,
OFFICE OF COMMUNITY DEVELOPMENT,
DISASTER RECOVERY UNIT -
HAZARD MITIGATION GRANT PROGRAM

FILED

JUL 23 2015

VS.

MALISE PRIETO - CLERK

DENISE MARIE HALL AND EDWARD E. HALL **Deputy** Staddie Monclair

VERIFICATION

CONSIDERING THE FOREGOING PETITION FOR RECOVERY OF HAZARD
MITIGATION GRANT PROGRAM FUNDS:

I, CRAIG P. TAFFARO, JR., Director of the State of Louisiana's Hazard Mitigation Grant
Program, declare under penalty of perjury that the representations made in the foregoing Petition
are true and correct to the best of my knowledge, belief and understanding.

THUS DONE ON THIS 22nd DAY OF July 2015 IN New Orleans,
Orleans Parish, LOUISIANA.

Craft
Craig P. Taffaro, Jr.

La Koshia Reconda Roberts
La Koshia Reconda Roberts
Notary Public
Bar Roll No. 26715
My Commission expires at death.

PLEASE SERVE:

DENISE MARIE HALL
1721 SULLIVAN DRIVE
SLIDELL, LA 70460

AND

EDWARD E. HALL
1721 SULLIVAN DRIVE
SLIDELL, LA 70460

ST. TAMMANY PARISH
STATE OF LOUISIANA
FILED FOR RECORD
2015 JUL 23 P 1:15
MALISE PRIETO
CLERK OF COURT

To: Chris Crawford
From: Denise Hall

2015-13031C

OCD-DRU
HAZARD MITIGATION PROGRAM
VOLUNTARY PARTICIPATION AGREEMENT (VPA)

Complete and return this form by mail to:

OCD-DRU HMGP Program
P. O. Box 1089
Hammond, LA 70404-1089

FILED

JUL 28 2015

Road Home # 06HH047401

MALISE PRIETO-CLERK
Deputy *Shirley Stokley*

SECTION 1: Mitigation ELECTION (check one)

☐ I/We have sold the home that was damaged during the storm and therefore will not be participating in the OCD-DRU HMGP Award Program.

☐ I/We am not interested in receiving an OCD-DRU HMGP Award

IF YOU CHECKED EITHER OF THE ABOVE: SIGN BELOW AND RETURN THIS FORM, OTHERWISE CONTINUE.

Applicant or Co-Applicant NAME

Applicant or Co-Applicant SIGNATURE

Date

Applicant or Co-Applicant NAME

Applicant or Co-Applicant SIGNATURE

Date

Home Phone: ()

Cell Phone: ()

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

Agent NAME (person with POA)

Agent SIGNATURE

Date

☐ I/WE AM/ARE INTERESTED IN RECEIVING AN OCD-DRU HMGP AWARD. IF YOU CHECK THIS BOX, YOU NEED TO MEET ALL CRITERIA IN SECTION 2.

SECTION 2: PROGRAM ELIGIBILITY

A homeowner must meet ALL of the following criteria to be considered for the OCD-DRU HMGP Award:

- Applicant is eligible for Road Home Program benefits as part of the Homeowner Assistance Program. (NOTE: Even if a homeowner received a zero award letter from Road Home, that homeowner may still be eligible for money through the OCD-DRU HMGP.
- Homeowner selected Road Home Option 1 – "Keep Our Home".
- Homeowner still owns the home that was eligible for Road Home benefits.
- The structure is located in a FEMA designated ABFE area or the mitigation activity is deemed cost beneficial according to FEMA guidelines. (IMMs are not required to undergo a cost benefit analysis since FEMA has determined all IMMs to be globally cost beneficial for this grant.
- Homeowner agrees to comply with all OCD-DRU HMGP guidelines.

2015 JUL 23 P 1:15
MALISE PRIETO
CLERK OF COURT
ST. TAMMANY PARISH
LOUISIANA
FOR RECORD

EXHIBIT

tabbles

A

01/18/2010 12:35PM

SECTION 3: I/AM INTERESTED IN PARTICIPATING IN THE FOLLOWING PROGRAM/S:

10. CWIS Crawford
 From: Denise Hall
 ID # 06 HH 047401

☒ Pilot Reconstruction ☐ Elevation ☐ Individual Mitigation Measures (IMM)

SECTION 4: VPA STATEMENT OF COMPLIANCE

This Agreement of Voluntary Participation is made on _____ (date). I/We are the owner of the following property, eligible for Road Home assistance and damaged by Hurricane Katrina and/or Rita at the following municipal address:

1413 Daney St. Slide 11, LA St. Tammany 70453 (the "Property").
 Street City Parish ZIP

I/We currently plan to participate in the OCD-DRU HMGP Program. I/We understand that participation in OCD-DRU HMGP Program and understand that:

- The program is voluntary in nature;
- I/We are under no obligation to participate;
- I/We may drop out of the program at any time before receiving an award;
- The program reimburses cost of mitigation measures, homeowner must complete measures and request reimbursement from OCD-DRU's HMGP;
- Due to limited funding, IMM will be serviced on a "first come, first serve" basis until all funding is exhausted.

I/We understand that before cost will be reimbursed that an OCD-DRU HMGP Covenant must signed, which requires the property owner to obtain and maintain flood insurance. The OCD-DRU HMGP will be recorded with Conveyance Records in the parish where the property is located.

For Pilot Reconstruction Projects:

- Property owner has been notified that the reconstructed structure total square footage cannot exceed 10% of the total square footage of the original structure on or before the date of the event for which funding is authorized.
- Property owner has been notified that the maximum award amount is \$100,000, less duplication of benefits.
- Property owner confirms that the information described in the preceding paragraphs has been explained and the information is understood.

Denise Hall
 Applicant or Co-Applicant NAME

Denise Hall
 Applicant or Co-Applicant SIGNATURE

1-18-10
 Date

Edward Hall Sr.
 Applicant or Co-Applicant NAME

Edward Hall
 Applicant or Co-Applicant SIGNATURE

1-18-10
 Date

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

Agent NAME (person with POA)

Agent SIGNATURE

Date

JUL 23 2015

MALISE PRIETO-CLERK
Page 1 of 1 *S/Abbie Nothman*

OSRAP Vendor Search

Office of Statewide Reporting and Accounting Policy

Logoff Payee Locations Payee Search Payments Help

Payee Detail

Sort the information below by clicking on the column headers. Click on the agency number below for contact information.

Payee Remittance Address:
1721 SULLIVAN DR
SLIDELL, LA 70460

Check/EFT Number: EF 00000507270
Check/EFT Date: 07/29/2010
Status Change Date: 07/29/2010
Status: Cleared

Check/EFT Line Details:
(click on agency for contact information)

Check/EFT Total: 44,121.25

Total Number of Lines : 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PVQ00038819		HM0300001850	06H-H047401	44,121.25

ISIS Calendar (CY) Help Desk GASB 34 and 35 Search OSRAP Contacts

Vendor Search Home

About Us

Departmental Website

Accounting Remittance

Forms

Regular Report

Procurement Procedures Manual

OSRAP Menu

Statistical Report

Vendor Training Manual

http://www.nda.louisiana.gov/vendorsearch/detail.cfm?check_number=00000507270

2015 JUL 23 P 1:15
MALISE PRIETO
CLERK OF COURT
ST. TAMMANY PARISH
STATE OF LOUISIANA
FILED FOR RECORD



2015-13031C
FILED

JUL 23 2015

MALISE PRIETO-CLERK
Deputy *S/ Addie Houlston*

Photo Rec

4 TIME OF OBSERVATION *4:15*

OCD DRU HMGP
IMM FINAL INSPECTION CHECK LIST

APPLICANT ID: D6HH 049401

DAMAGED PROPERTY ADDRESS: 1413 DANEY ST. (SLIPN) 70452

DAMAGED PROPERTY COORDINATES: LATITUDE _____ LONGITUDE _____

Home Occupied: Yes ☒ No ☐

Windows - Count the number of windows, partitions and itemize by product type below:

Impact	Accordion	Bertina	Colonial	Roll-Down	Panel	Screen	Other

Total Number of Windows Not Mitigated: _____

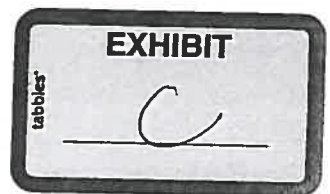
Doors - Count the number of doors & itemize by product type below:

Solid	Door with Glass	Total # of Doors

MALISE PRIETO
CLERK OF COURT

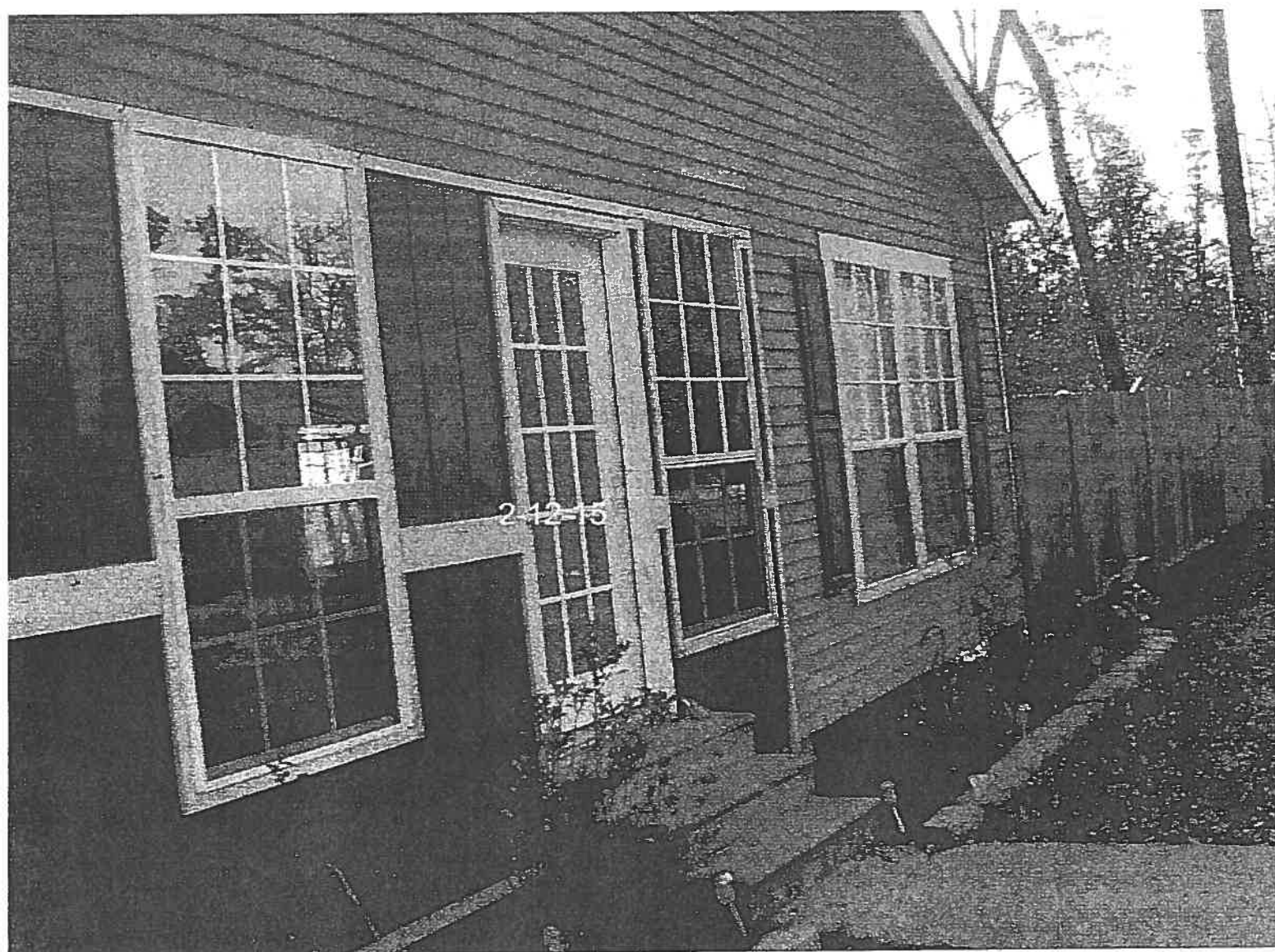
JUL 23 P 1:15

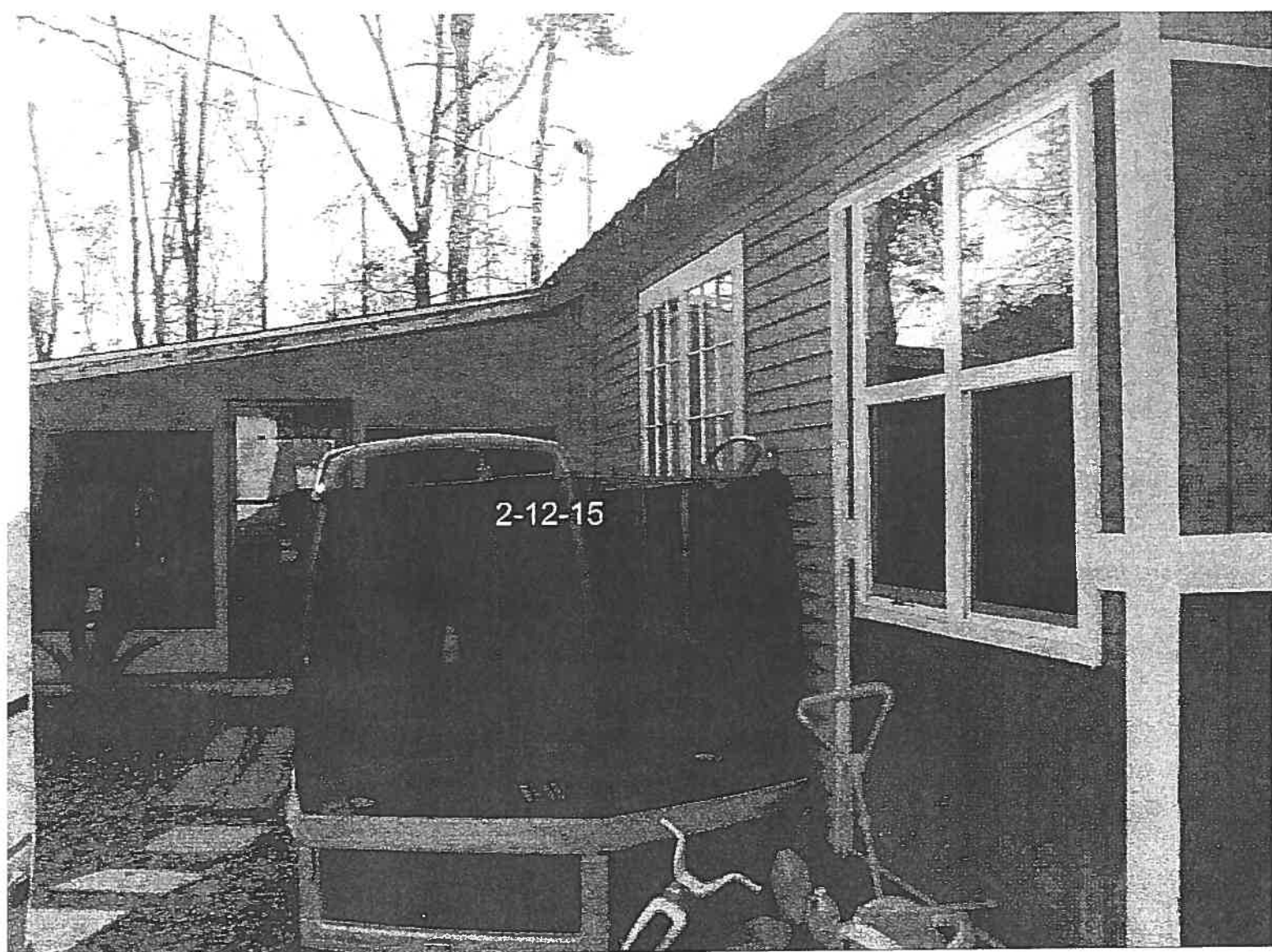
TAMMANY PARISH
CLERK OF LOUISIANA
RECORDED FOR RECORD

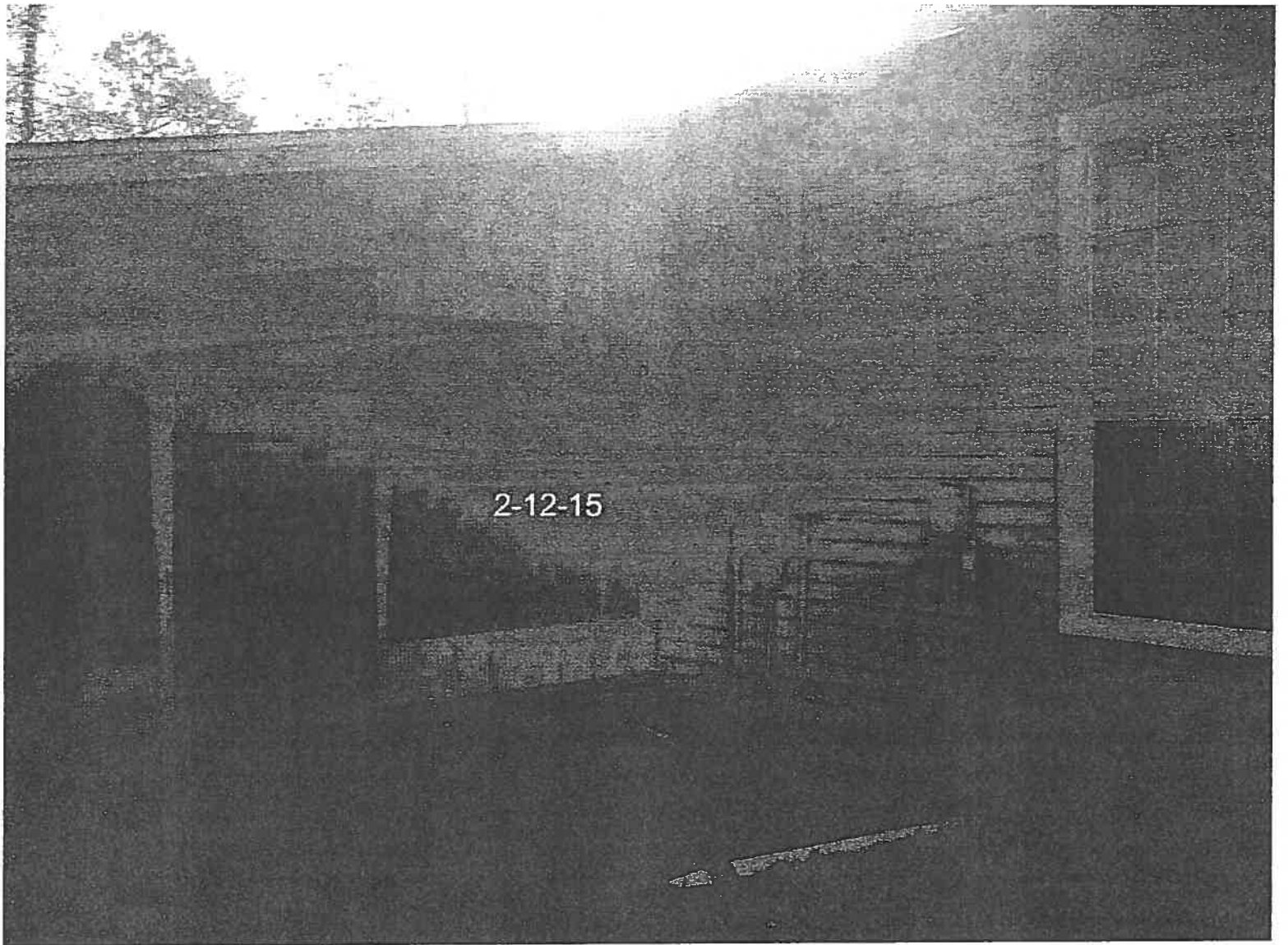


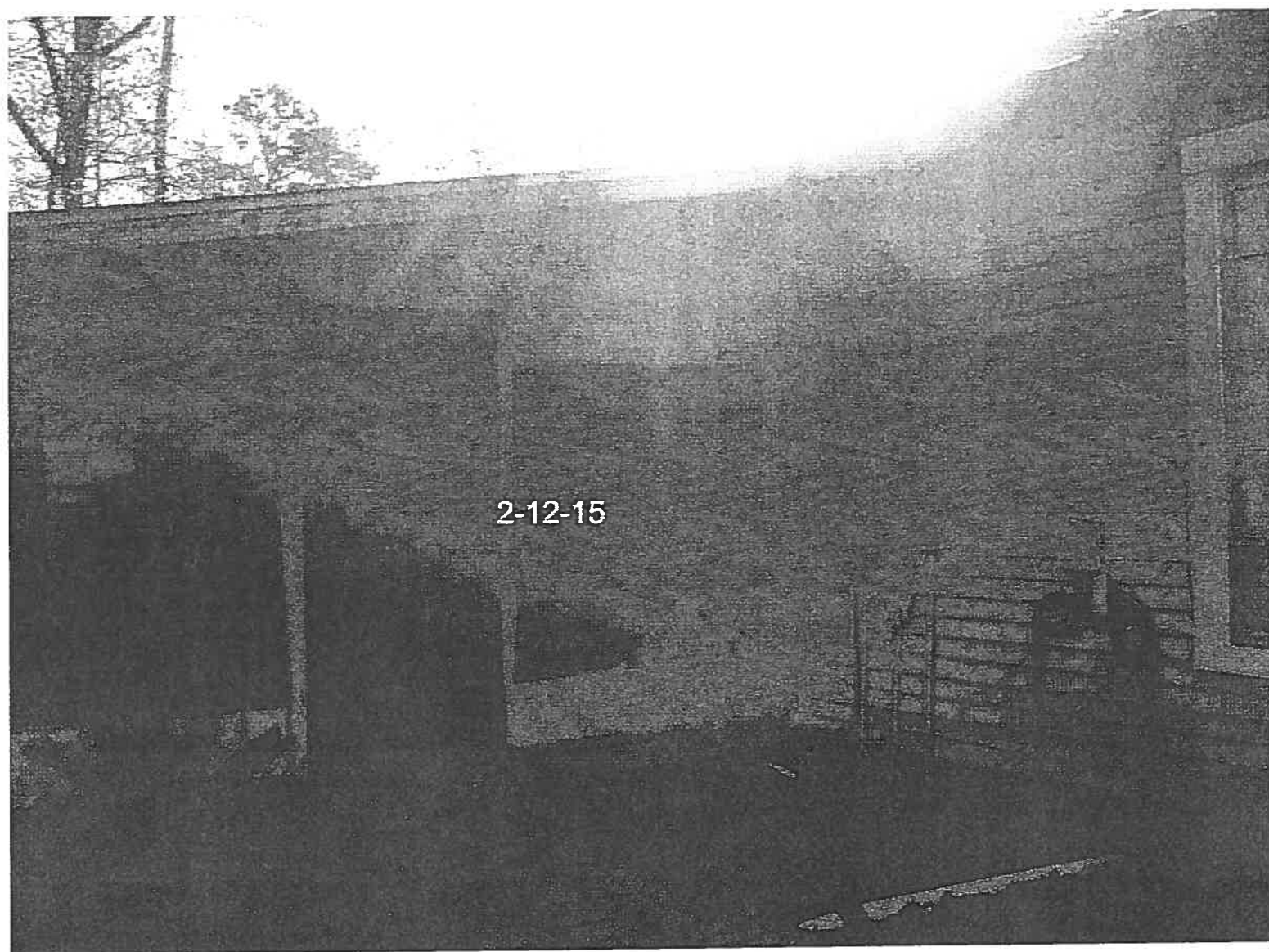




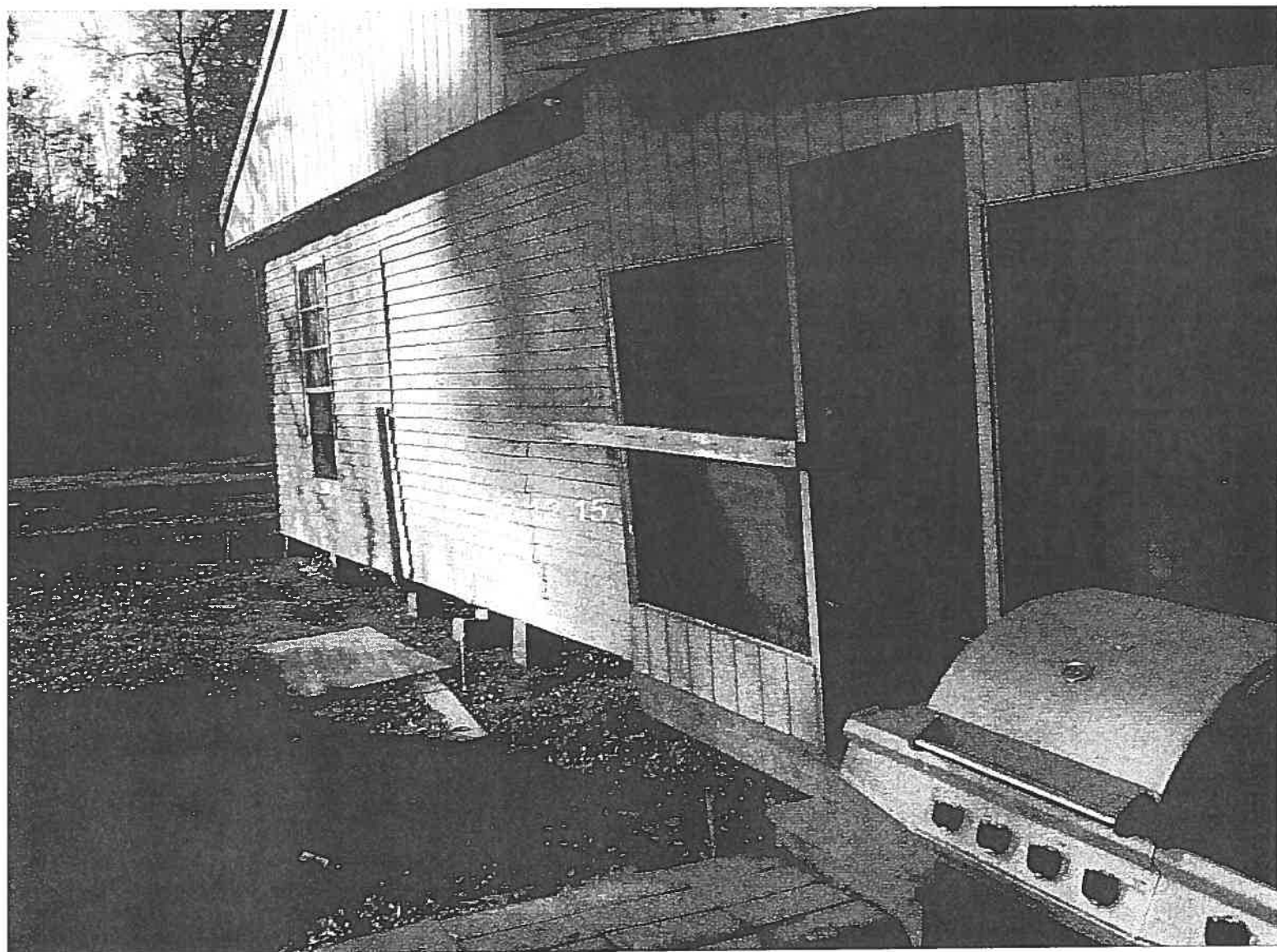


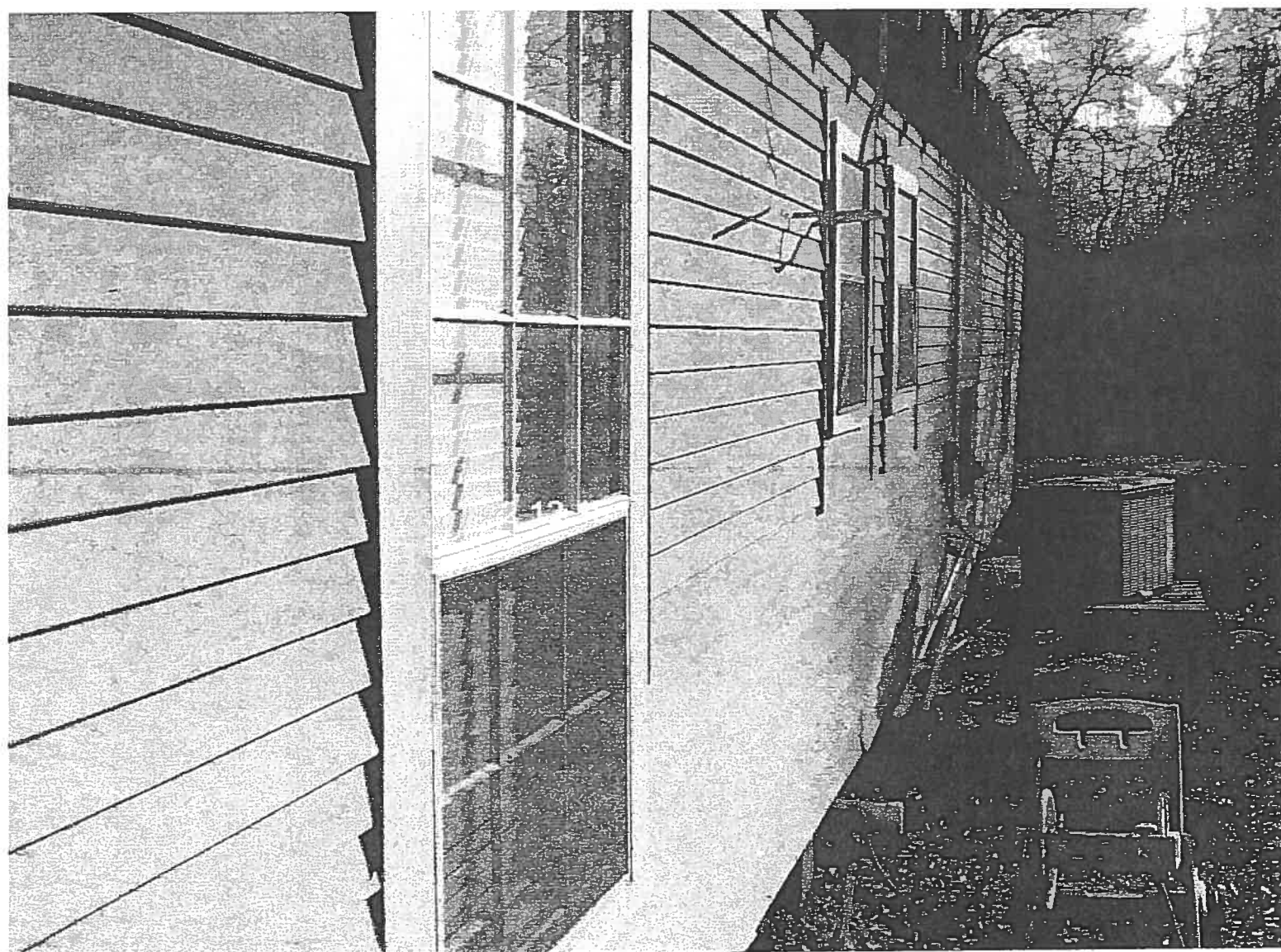














9 000 000

APPLIC NT ID: JUNE 1971
DAMAGE PROPERTY AB ISS: 06/19/71
DAMAGE PROPERTY COORDINATES: LATITUDE: 1413
Longitude: 281.7

Window: Count the number of window openings and if in size by product type below:
Yes ☒ No ☐

Impact:	Accordion	Bertha	Colonial	Roll-Down	Panel	Screen

Total Number of Windows Not Mitigated: 1/4

Doors: Count the number of doors & identify by product type below:

Solid	Door with Glass	Door with Screen
2	2	2

Total Number of Doors with Glass Not Mitigated: 2
Windows that are not in the solid state are to be mitigated

Exterior Weather on Structures: Yes ☒ No ☐
Gas Meter on Structure: Yes ☐ No ☒

IMM Criteria Met: Yes ☐ No ☐

Owner/Owner Not Met: ☐

Additional Notes: Doors & Windows are Mitigated

Observer Name: Robert J. [unclear] DATE: 2/17/71

Page 1 of 2



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8311
hazardmitigation@mitigarela.org

2015-13031 C

FILED

JUL 23 2015

MALISE PRIETO-CLERK

April 2, 2013

DENISE MARIE HALL
1721 SULLIVAN DR
SLIDELL, LA 70460

Road Home ID: 06HH047401
7012 3050 0001 2090 6275



SUBJECT: Verification of Mitigation Grant Funds

Dear DENISE MARIE HALL:

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your Reconstruction grant(s).

- Grant funds were not used for the purposes intended and/or in accordance with the policies of the Hazard Mitigation Grant Program.

Due to the determination noted above, your grant values have been adjusted:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$0.00	Elevation Grant	\$0.00
Individual Mitigation Measures (IMM)	\$0.00	Individual Mitigation Measures (IMM)	\$0.00
Reconstruction Grant	\$44,121.25	Reconstruction Grant	\$0.00
Total HMGP Funds Received	\$44,121.25	Total Hazard Mitigation Benefit	\$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH047401 is \$44,121.25.

EXHIBIT

D

Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Deidra Davis, a case manager in our office, to work with you in connection with this request for input.

If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

Your response must be postmarked within thirty (30) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call 225-330-0719 or send email to deidra.davis@mitigatela.org for assistance.

If you agree with the finding that an overpayment has occurred, you can return the funds as provided in Attachment 1. If you are unable to provide a full payment at this time, please contact your case manager for further instructions.

We appreciate your assistance in connection with this request. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in additional collection activities.

Sincerely,

Office of Community Development - HMGP

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR BEFORE **May 7, 2013**.

Road Home ID: 06HH047401

DENISE MARIE HALL
1721 SULLIVAN DR
SLIDELL, LA 70460

Case Manager: Deidra Davis

Please select **one** (1) option below. This form must be returned within thirty (30) days of the date on this letter.

- ☐ I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit. I have enclosed my certified check, made payable to "Louisiana Division of Administration - DRU", in the amount of \$44,121.25 mailed to:

Division of Administration
Office of Community Development
Hazard Mitigation Grant Program
Finance Department
P.O. Box 706
Baton Rouge, Louisiana 70821

- ☐ I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please have my case manager contact me. My proposed repayment plan is attached.
- ☐ I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

PRINTED NAME: _____

Date _____

SIGNATURE: _____

- ☐ I am not the primary applicant for this case. If checked, please state your relationship:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DENISE HALL
1721 SULLIVAN DR
SLIDELL, LA 70460
47401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Denise Hall

☒ Agent

☒ Addressee

B. Received by (Printed Name)

Denise Hall

C. Date of Delivery

4-8-73

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

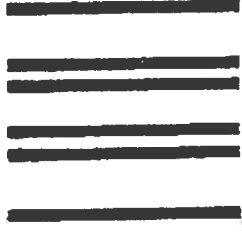
7012 3050 0001 2090 6275

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

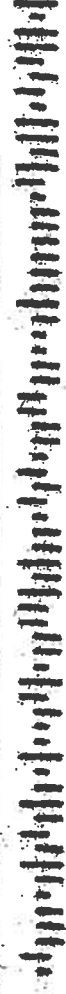
UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

OCD DRU HMGP
P.O. BOX 5098
BATON ROUGE, LA 70821





State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-4416
hazardmitigation@mitigatela.org

2015-13031C

FILED

JUL 23 2015

MALISE PRIETO-CLERK
Deputy *Stacie Sigelair*

June 5, 2013

Road Home ID: 06HH047401

DENISE MARIE HALL
1721 SULLIVAN DR
SLIDELL, LA 70460

SECOND NOTICE

SUBJECT: Verification of Mitigation Grant Funds

Dear DENISE MARIE HALL:

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your Reconstruction grant(s).

- Grant funds were not used for the purposes intended and/or in accordance with the policies of the Hazard Mitigation Grant Program.

Due to the determination noted above, your grant values have been adjusted:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$0.00	Elevation Grant	\$0.00
Individual Mitigation Measures (IMM)	\$0.00	Individual Mitigation Measures (IMM)	\$0.00
Reconstruction Grant	\$44,121.25	Reconstruction Grant	\$0.00
Total HMGP Funds Received	\$44,121.25	Total Hazard Mitigation Benefit	\$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH047401 is \$44,121.25.

2015 JUL 23 P 1:15
MALISE PRIETO
CLERK OF COURT
ST. TAMMANY PARISH
STATE OF LOUISIANA
FILED FOR RECORD

EXHIBIT

tabbles

E

7012 3050 0001 2085 1445

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAILTM



7012 3050 0001 2085 1445

Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Deidra Davis, a case manager in our office, to work with you in connection with this request for input.

If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

Your response must be postmarked within fifteen (15) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call 225-330-0719 or send email to deidra.davis@mitigatela.org for assistance.

If you agree with the finding that an overpayment has occurred, you can return the funds as provided in Attachment 1. If you are unable to provide a full payment at this time, please contact your case manager for further instructions.

We appreciate your assistance in connection with this request. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in additional collection activities.

Sincerely,

Office of Community Development - HMGP

OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-846-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link: <http://www.louisianarelay.com/sites/default/files/hm>

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR BEFORE June 25, 2013.

Road Home ID: 06HH047401

DENISE MARIE HALL
1721 SULLIVAN DR
SLIDELL, LA 70460

Case Manager: Deidra Davis

Please select one (1) option below. This form must be returned within fifteen (15) days of the date on this letter.

- ☐ I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit. I have enclosed my certified check, made payable to "Louisiana Division of Administration - DRU", in the amount of \$44,121.25 mailed to:

Division of Administration
Office of Community Development
Hazard Mitigation Grant Program
Finance Department
P.O. Box 706
Baton Rouge, Louisiana 70821

- ☐ I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please have my case manager contact me. My proposed repayment plan is attached.
- ☐ I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

PRINTED NAME: _____

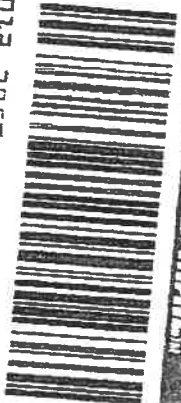
Date _____

SIGNATURE: _____

- ☐ I am not the primary applicant for this case. If checked, please state your relationship:

LA Office of Community Development
Disaster Recovery Unit
Hazard Mitigation Grant Program
P.O. Box 5098
Baton Rouge, LA 70821-5098

CERTIFIED MAIL



RECEIVED 7012 3050 0001 2085 1445

RECEIVED 20 2013



U.S. POSTAGE
\$006.11
000139255 JUN 04 2013

NAME

1st Notice
2nd Notice
Return
708 DE 1

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 70821509898

70821509898 2493-04593-19-11



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

2015-13031C

FILED

JUL 28 2015

MALISE PRIETO-CLERK
Deputy S/Adde Hoyle

«Date»

«App_First_Name» «App_Last_Name»

«Mailing_Address»

«Mailing_City», «Mailing_State» «Mailing_Zip»

Road Home ID: «App_ID»

SUBJECT: Final HMGP Collection Attempt

Dear «App_First_Name» «App_Last_Name»:

The Hazard Mitigation Grant Program has previously informed you of the need to reconcile the grant funds that were disbursed to you for your specific mitigation activity. The Program has previously sent you correspondence regarding the need to reconcile these funds. Because you have not responded, either through the return of grant funds or by providing satisfactory proof of completion of the funded mitigation activity, you are hereby notified that the Hazard Mitigation Grant Program is required to pursue collection of all funds.

You should be aware that the Hazard Mitigation Grant Program will use all available resources to recoup the grant funds disbursed to you including, but not limited to, collection agency services, wage garnishments, civil action, and income tax return liens.

This is the last correspondence you will receive from the Program in an attempt to collect these funds. Your file will then be referred to the appropriate agencies for collection efforts as well as review for potential criminal violations. All future correspondence will be directly from the appropriate collection agency.

A table has been attached describing the grant funds received and the related activity for those funds.

You may stop the above actions by immediately contacting the Hazard Mitigation Grant Program at (504) 284-4020 to make acceptable repayment arrangements. Once your file has been referred for collection, your ability to reconcile the funds directly with the Program will end.

Respectfully,

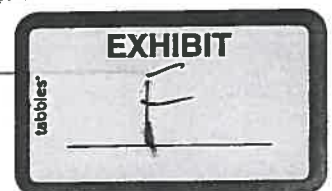
Craig P. Taffaro, Jr.
Director, Hazard Mitigation Grant Program
and Recovery Coordination

Enclosure

OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-846-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link: http://www.hamiltonrelay.com/states/la_howto.htm.

AN EQUAL OPPORTUNITY EMPLOYER





State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

Our review has determined that the following apply to your «Grant_Type» grant(s):

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	«Elevation_Gross_Paid»	Elevation Grant	«Elevation_Adjusted»
Individual Mitigation Measures (IMM)	«IMM_Gross_Paid»	Individual Mitigation Measures (IMM)	«IMM_Adjusted»
Reconstruction Grant	«Recon_Gross_Paid»	Reconstruction Grant	«Recon_Adjusted»
Total HMGP Funds Received	«Gross_Paid»	Total Hazard Mitigation Benefit	«Net_Amount»

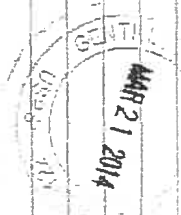
Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant «App_ID» is «Net_Amount».

Confirmed by: *Sage King*
Mary Alvarez



App ID	App First Name	App Last Name	Mailing Address	Mailing City	Mailing State	Mailing Zip
06HH196492	MELISSA	ADAMS	5125 Senac Drive	Metairie	LA	70003
06HH174539	JULIO	ALEGRIA	230 27th	Kenner	LA	70062
06HH056852	GLENN	ALEXIS	5010 PRESS DR	NEW ORLEANS	LA	70126
06HH023672	JEANNE	ALLEN	3336 Trinity Dr.	Kenner	LA	70065
06HH155204	LOUBERTHA	ALLEN	1933 PACE BLVD	NEW ORLEANS	LA	70114
06HH157524	REGINALD	ALLEN	2116 South Village Green Street	Harvey	LA	70058
06HH178676	JAMES	ALLEN	3248 BLOOMINGDALE CT	NEW ORLEANS	LA	70125
06HH088426	ANTHONY	ALMERICO	2921 BUFON ST	CHALMETTE	LA	70043
06HH061793	GEORGE	ALONZO	5013 SENAC DR	METairie	LA	70003
06HH066138	MARCO	ALVAREZ	1700 HORTON RD	ALBERTVILLE	AL	35950 2564
06HH051905	THARISE	ANDERSON	5808 Milladom avenue	Marrero	LA	70072
06HH074522	VANESSA	ANDERSON	673 E NIAGARA CIR	GREINA	LA	70056
06HH076448	JAMES	ANDERSON	1700 St. Maurice Ave.	NEW ORLEANS	LA	70117
06HH133970	JOANA	ANDERSON	P.O. BOX 1162	MCDONOUGH	GA	30253
06HH080046	LEAH	AUGUSTINE	3852 PEACHTREE CT	New Orleans	LA	70131
06HH015615	DORRELL	BACHEMIN	2038 HEATHER LANE	SLIDELL	LA	70461
06HH130149	ESTELL	BADGER	1644 MARINE ST	Marrero	LA	70072
06HH006345	PAULINE	BANKS	3106 MONROE STREET	NEW ORLEANS	LA	70118
06HH097405	PAUL	BANKS	2552 RIDGECREST RD	MARRERO	LA	70072 5373
06HH023830	MONIQUE	BARCONEY	3214 Camellia Avenue	Houma	LA	70363
06HH051289	CORNELIA	BARDALES	4114 Saint Elizabeth Dr	Kenner	LA	70065 1643
06HH015414	FELICIA	BARNES	P.O. Box 3056	Slidell	LA	70461 7045
06HH046648	SHAMARIE	BARNETT	329 PAT DR	AVONDALE	LA	70094
06HH024796	WILBERT	BASTIAN	5705 BACCICH ST	New Orleans	LA	70122
06HH101679	JUANITA	BATISTE	5818 Louis Prima West Drive	New Orleans	LA	70128
06HH148666	EARL	BATTLE	1100 MARTIN DR	MARRERO	LA	70072
06HH039940	REGINALD	BEACO	2601 ARTS ST	NEW ORLEANS	LA	70117 5529
06HH006134	MELANIE	BECNEL	3820 Red Cedar Lane	Harvey	LA	70058 1607
06HH023696	MICHAEL	BELL	8541 Morrison Rd	New Orleans	LA	70127
06HH104779	BETTY	BENDER	PO BOX 1544	SLIDELL	LA	70459
06HH063216	JOSEPH	BENOIT	102 W SEGURA ST	ERATH	LA	70533
06HH054058	PATRICIA	BICKHAM	5044 CLAYTON DR	BATON ROUGE	LA	70805
06HH106356	GEORGE	BICKHAM	4942 LURLINE STREET	NEW ORLEANS	LA	70127
06HH225286	MILDRED	BIRDEN	9461 CABILDO LN	WESTWEGO	LA	70094

06HH056174	LORRAINE	ELMORE	3709 agateway dr.	harvey	LA	70058
06HH156137	ANDONICIA	FARRIA	836 MYSTIC AVE	TERRYTOWN	LA	70056
06HH182424	MICHAEL	FIGURES	3298 CAREY ST	SLIDELL	LA	70458
06HH019962	CURTIS	FISHER	5201 Timber Crest Dr.	New Orleans	LA	70131
06HH055690	JEANETTE	FONTENOT	8559 GULF HWY 113	LAKE CHARLES	LA	70607 670
06HH055816	ANGELA	FORBES	11326 Buckingham Ave	Denham Springs	LA	70726
06HH064326	RACHEL	FOUNTAIN	1765 S. STEPHIE LN	LAKE CHARLES	LA	70765
06HH135038	SHIRLEY	FOUST-HELTON	310 Appletree Lane	Gretna	LA	70056
06HH008181	RACHAEL	FRANCIS	1447 HILLARY DRIVE	SLIDELL	LA	70461
06HH026667	JESSE	FRANK	P. O. Box 871975	New Orleans	LA	70187
06HH065000	JERRY	FRAZIER	3841 Inwood Drive	Harvey	LA	70058
06HH058883	SHARON	GABRIEL	2036 LAFRENIERE ST	NEW ORLEANS	LA	70122
06HH005649	DEIDRE	GAINES	2120 Westbend Pkwy.	New Orleans	LA	70114
06HH172835	OLIVIA	GANT	128 GARDENIA LN	WAGGAMAN	LA	70094
06HH105410	MILDRED	GARCIA	35608 LAURENT RD	SLIDELL	LA	70460
06HH052088	DENISE	GASQUET	916 ST FERDINAND ST	N.O.	LA	70117
06HH135760	MICHAEL	GORDON	3708 sue ker drive	harvey	LA	70058
06HH152710	EVELYN	GOUDY	2076 SAUVAGE AVE	MARRERO	LA	70072
06HH160932	JOAN	GRAY	904 N Clark Ln	Westwego	LA	70094
06HH018426	WINNIFRED	GREEN	6322 KINGSTON CT.	New Orleans	LA	70131
06HH072302	GINA	GUILLORY	4820 CRAIG AVE	METAIRIE	LA	70003
06HH047401	DENISE	HALL	1721 SULLIVAN DR	SLIDELL	LA	70460
06HH084519	MAHER	HAMDAN	508 LIVE OAK ST	METAIRIE	LA	70005
06HH043759	GLENDA	HAMLIN	620 Hunterbrook Dr	Gretna	LA	70056
06HH031461	LEKIZZIE	HARRIS	415 DRIFTWOOD CIRCLE	SLIDELL	LA	70458
06HH137026	DOROTHY	HARRIS	PO BOX 441	ST ROSE	LA	70087
06HH152425	ROSEMARY	HARRIS	2225 Hill St	Alexandria	LA	71301
06HH008034	KENYA	HARRY	4317 Carlier Avenue	New Orleans	LA	70122
06HH129134	SHERYL	HARVEY	3737 dulaney drive	Harvey	LA	70058
06HH160995	JENIEFUR	HAYNES	3308 CONNECTICUT AVE	KENNER	LA	70065
06HH046609	BELINDA	HENDERSON	616 E MARLIN CT	TERRYTOWN	LA	70056
06HH119970	ANDREW	HILLS	PO BOX 742383	New Orleans	LA	70174
06HH037078	ORSON	HOOD	2238 lafreniere street	new orleans	LA	70122
06HH189837	MARYLAND	HOWARD	120 MOZART DRIVE	Houma	LA	70363
06HH046608	GAIL	HUNTER	7712 SCOTTWOOD DR	NEW ORLEANS	LA	70128



MAR 21 2014

409



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

2021 LAKESHORE DRIVE, SUITE 100, NEW ORLEANS, LA 70122 • PHONE: 504-284-4020

April 13, 2015

2015-13031C

06HH047401
DENISE HALL
1721 SULLIVAN DR
SLIDELL LA 70460

FILED

JUL 28 2015

Re: Collection of Outstanding Debt in the Amount of **\$44,121.25**

MALISE PRIETO-CLERK
Deputy *Staddie Duvalan*

Dear DENISE HALL:

This letter is pursuant to your agreement to voluntarily participate in the State of Louisiana's Hazard Mitigation Grant Program ("HMGP") and to comply with all HMGP and Federal Emergency Management Agency ("FEMA") rules and guidelines, which includes the proper use of Federal grant funds for the mitigation of your home located at 1413 DANEY STREET SLIDELL.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$44,121.25**. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt within an agreed upon timeframe and at an agreed monthly amount. However, as of this date, you have failed to and/or refused to execute a re-payment agreement.

If payments have been paid pursuant to a payment agreement, then you should immediately contact the Program to verify the amount currently owed to the Program.

Please know that litigation and/or prosecution will be instituted against you for the collection of your unresolved debt.

Sincerely,

La Koshia R. Roberts

La Koshia R. Roberts
Attorney for HMGP

MALISE PRIETO
CLERK OF COURT

2015 JUL 23 P 1:15

ST. TAMMANY PARISH
STATE OF LOUISIANA
FILED FOR RECORD



7014 0510 0001 1417 1324

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<small>(Domestic Mail Only; No Insurance Coverage Provided)</small>	
<small>For delivery information visit our website at www.usps.com</small>	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total Postage & Fees	\$
Sent to Denise Hall	
Street, Apt. No., or PO Box No. 1721 Sullivan Dr.	
City, State, Zip+4 Slidell, LA 70460	
<small>PS Form 3800, August 2005 See Reverse for Instructions</small>	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

Denise Gallo
1721 Sullivan Dr
Slidell, LA 70460

047401

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-18-75

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0510 0001 1417 1324